



We are Champions of Hope. Together we are making a difference for those affected by breast cancer.

A woman with short, light-colored hair is shown from the waist up, wearing a light green long-sleeved shirt and tan pants. Her arms are raised high in a V-shape, and she has a joyful expression on her face. The background is a solid, clear blue sky.

I am a Survivor.

We are champions of hope. We are powerful. Together we can make a difference. We need your help today. We are champions of hope.

PO BOX 405 LaGRANGEVILLE, NY 12540 • 845-264-2005

WHERE DOES YOUR DONATION GO?

- \$25 BUYS A GAS CARD
- \$75 PAYS FOR ONE MAMMOGRAM
- \$100 PAYS FOR A WEEK'S WORTH OF CO-PAYS FOR RADIATION TREATMENT
- \$150 PAYS FOR A LYMPHEDEMA SLEEVE
- \$200 PAYS FOR A WEEK'S WORTH OF GROCERIES
- \$350 PAYS FOR A MONTH OF FUEL FOR A HOME (GAS AND HEAT)
- \$500 PAYS FOR 10 TRANSPORTATIONS TO/FROM CANCER TREATMENTS
- \$1000 PAYS FOR THE COLLEGE SCHOLARSHIP FOR ONE HIGH SCHOOL SENIOR WHOSE LIFE HAS BEEN AFFECTED BY BREAST CANCER

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www.miles of hope.org

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Be a Champion of Hope

THE MISSION OF THE FOUNDATION IS TO FUND SUPPORT SERVICES AND OUTREACH FOR PEOPLE AFFECTED BY BREAST CANCER IN THE HUDSON VALLEY, NY. EVERY DOLLAR RAISED FOR MILES OF HOPE STAYS HERE IN OUR COMMUNITY SUPPORTING OUR FAMILIES, FRIENDS, NEIGHBORS AND COLLEAGUES.

Create or Sponsor an Event

TAKE THE INITIATIVE AND CREATE OR SPONSOR AN EVENT WITH THE PROCEEDS DESIGNATED TO MILES OF HOPE. SOME EXAMPLES OF PAST EVENTS INCLUDE: HOLIDAY INSPIRED EVENTS, EMPLOYEE ORGANIZED FUNDRAISING AND ART GALLERY EXHIBITS.

Matching Contribution

DOUBLE YOUR GIFT TO MILES OF HOPE. ASK YOUR EMPLOYER TO MATCH YOUR COMMITMENT TO HELP THOSE AFFECTED BY BREAST CANCER.

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WE IMPROVE LIVES THROUGH YOUR SUPPORT

MILES OF HOPE SUPPORTS EVERYONE IN THE EIGHT COUNTIES OF THE HUDSON VALLEY: DUTCHESS, ORANGE, ULSTER, WESTCHESTER, PUTNAM, COLUMBIA, ROCKLAND AND GREENE.

Funded Programs:

MEDICAL GAP CARE FUND PROVIDES FUNDING FOR LIFE EMERGENCIES AND COSTS NOT COVERED BY HEALTH INSURANCE FOR THOSE UNDERGOING TREATMENT FOR BREAST CANCER.

COMPLEMENTARY MEDICINE INCLUDES FUNDING OF MASSAGE THERAPY, REIKI, ACUPUNCTURE, MUSIC THERAPY, EXERCISE/DANCE, AND ART THERAPY PROGRAMS TO ENHANCE RECOVERY.

SCHOLARSHIPS PROVIDED FOR COLLEGE BOUND SENIORS WHOSE LIVES HAVE BEEN AFFECTED BY BREAST CANCER.

PEER TO PEER PROVIDES ONE-ON-ONE COUNSELING SERVICES TO RECENTLY DIAGNOSED BREAST CANCER PATIENTS BY TRAINED SURVIVORS.

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WE HAVE GROWN

WE HAVE GROWN SUBSTANTIALLY SINCE OUR INCEPTION IN 2004, WITH THE HELP OF BUSINESSES, FOUNDATIONS, CORPORATIONS AND PEOPLE LIKE YOU. **WE ARE ABLE TO DO SUCH GREAT WORK FOR THOSE AFFECTED BY BREAST CANCER BECAUSE OF YOUR SUPPORT.**

We fund our programs and other important initiatives through:

- YOUR DONATIONS
- BUSINESS, FOUNDATION AND CORPORATE SUPPORT
- COMMUNITY WALK FOR BREAST CANCER
- GOALS FOR HOPE WOMEN'S SOCCER TOURNAMENT
- HOOPS FOR HOPE WOMEN'S BASKETBALL TOURNAMENT
- FAMILY FUN RUN
- ANNUAL SPRING BRUNCH

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*Miles of
HOPE*

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BECOME A CHAMPION OF HOPE — *Make a difference for breast cancer patients and survivors!*

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE/DAY: _____ PHONE EVE: _____

E-MAIL: _____

ENCLOSED IS MY CONTRIBUTION IN THE AMOUNT OF \$ _____

(Please make your check payable to: Miles of Hope Breast Cancer Foundation).

PLEASE CHARGE MY: VISA MASTERCARD AMEX ACCT: _____ SECURITY CODE: _____ EXP. DATE: _____

SIGNATURE: _____

MY EMPLOYER HAS A MATCHING GIFT PROGRAM I AM ENCLOSING THE APPROPRIATE FORM.

MY GIFT IS IN HONOR/ IN MEMORY OF: _____

PLEASE SEND ACKNOWLEDGEMENT OF MY GIFT TO (NAME): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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